

**REPORT TO THE JUDICIARY COMMITTEES  
SENATE AND HOUSE OF REPRESENTATIVES**



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**Submitted to  
Colorado General Assembly  
by  
Colorado Department of Public Safety  
Colorado Department of Regulatory Agencies  
Domestic Violence Offender Management Board**

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## **Domestic Violence Offender Management Board's Philosophy and Principles**

In response to Section 16-11.8-101 et seq., C.R.S., the Domestic Violence Offender Management Board developed a set of standards and guidelines for the evaluation, treatment, and continued monitoring of offenders who have committed a crime the underlying factual basis of which includes an act of domestic violence. The following is the synopsis of the Domestic Violence Offender Management Board's philosophy and guiding principles.

1. In order to contain domestic violence offenders, there must be a coordinated community response inclusive of the criminal justice system, treatment providers, victim services, and the local community.
2. Programs for the treatment of domestic violence offenders were developed to establish minimum conditions for monitoring and containing the offender's behavior, and to provide statewide consistency in the treatment of the offender.
3. The standards were designed to enhance victim and community safety, promote offender accountability, and provide an opportunity for offenders through treatment to eliminate violent behavior in all forms.
4. Programs for the treatment of domestic violence offenders shall be developed, to the extent possible, so that all offenders may access the programs in the criminal justice system.
5. The guiding philosophy of the *Standards for Treatment with Court Ordered Domestic Violence Offenders (Standards)* is that most offenders are capable of change, and treatment is only one component of Colorado's containment of domestic violence offenders.

## INTRODUCTION

The Office of the Domestic Violence and Sex Offender Management, Colorado Department of Public Safety, on behalf of the Domestic Violence Offender Management Board and the Colorado Department of Regulatory Agencies Domestic submit this report pursuant to Section 16-11.8-103, C.R.S.:

“On or before January 15, 2003, the Board and the Departments of Public Safety and Regulatory Agencies shall report to the judiciary committees of the senate and house of representatives on all aspects of the implementation of this article.” The aspects of implementation of this article include the following:

1. Creation of the Domestic Violence Offender Management Board
2. Adopt standards drafted by the State Commission to be used as the standards for transitional purposes and review.
3. Develop a list of approved providers by obtaining a list of the providers who were certified by the local advisory boards.
4. Develop and publish an application and review process to demonstrate that the providers whose identities were received from the local advisory boards are in compliance with the standards adopted.
5. Adopt and implement a standardized procedure for the treatment evaluation of domestic violence offenders.
6. Adopt and implement guidelines and standards for a system of programs for the treatment of domestic violence offenders.
7. Develop an application and review process for treatment providers and evaluators who provide services to domestic violence offenders.
8. Research and analyze the effectiveness of the treatment evaluation and treatment procedures and programs.
  - Develop and prescribe a system for implementation of the guidelines and standards.
  - Develop and prescribe a system for tracking offenders who have been evaluated and treated.
  - Develop a system for monitoring offender behaviors and offender adherence to prescribed behavioral changes.
9. Refer any complaints or grievances to the Department of Regulatory Agencies to be reviewed by the appropriate board.

This report is intended to provide the Colorado General Assembly with information on the first two years of implementation of the Domestic Violence Offender Management Board. It is organized into eight separate sections that reflect the above-mentioned aspects of implementation. Each section provides a summary of the measures taken to fulfill the responsibilities of each statutory requirement.

## **1. Create the Domestic Violence Offender Management Board**

The Domestic Violence Offender Management Board (DVOMB) resides in the Department of Public Safety, Division of Criminal Justice (DCJ). In July 2000, the staff of DCJ contacted each of the seven appointing authorities and requested the board member assignments from each agency. The first meeting of the DVOMB occurred in October 2000. A current list of the 18 DVOMB members may be found in Appendix E. Currently, all appointments to the DVOMB are filled and term lengths are designated according to statute.

## **2. Adopt the standards drafted by the State Commission to be Used as the Standards for Transitional Purposes and Review**

The Domestic Violence Offender Management Board (DVOMB) met on November 20, 2000 and formally adopted the *Standards for Treatment with Court Ordered Domestic Violence Offenders (Standards 2001)*, drafted by the State Commission (see Appendix A). The *Standards 2001* were then printed and distributed January 1, 2001 to a statewide mailing list of over 800 entities inclusive of probation officers, approved treatment providers, law enforcement, mental health agencies, human services agencies, victims service agencies, district attorneys, judicial officers, state agencies, former judicial district certification boards and other interested stakeholders throughout Colorado. The mailing list was developed by obtaining lists of stakeholders from the following agencies: Colorado Coalition Against Domestic Violence, Colorado Division of Criminal Justice, Colorado Judicial Department, and the Colorado District Attorneys Council. The *Standards 2001* were revised by the DVOMB and distributed again in January 2002. Additionally, the standards and the *Approved Provider List* have been on the Division of Criminal Justice website since June 2001.

### **3. Develop a List of Approved Providers by Obtaining a List of the Providers Who Were Certified by the Local Advisory Boards**

Prior to the establishment of the state Domestic Violence Offender Management Board (DVOMB), there were 22 local certification boards, one for each judicial district. These 22 local judicial district certification boards were responsible for certifying domestic violence offender treatment programs through July 2000. In order to develop the first Approved Provider List of the DVOMB, per this statute, the former certification boards were contacted and asked to submit information regarding which providers were certified to provide domestic violence offender treatment. The Colorado Judicial Department, where the former State Commission resided, had gathered information on how to contact former certification board members.

This contact information compiled by the Judicial Department was provided to the Division of Criminal Justice, (DCJ) where the administration of the new state DVOMB resides. From October to December of 2000, the DCJ staff contacted each judicial district certification board, by telephone and by electronic mail, requesting accurate lists of certified programs and providers. This process encountered challenges because some local boards were not operational. Additionally, programs that were certified under the former system did not include individual provider names. Many judicial district certification boards had only agency names, not individual provider names and in some cases the certification board had no information. In these cases, the probation office in that district was contacted for information on providers. The DCJ staff utilized the statewide mailing list to request information from stakeholders regarding the development of the State Approved Provider List (List). Stakeholders were also informed of, and encouraged to attend DVOMB meetings.

The DVOMB determined which providers would be included on the first List by identifying 12 qualifiers as criteria for placement on the List. Providers who were certified by the former local board and were in good standing were included on the List. Providers who were never certified or were certified with a history of de-certification were denied placement on the List. The DVOMB established an appeal process for those who were not placed on the List and who believed that they should have been. The DCJ staff also contacted each provider whose name was submitted by a certified agency to

verify address, telephone number, and other pertinent information for each provider. This collective information subsequently became the first State Approved Provider List of the DVOMB which was published in 2001 (see Appendix C).

**4. Develop and Publish an Application and Review Process to Demonstrate that the Providers Whose Identities Were Received from the Local Advisory Boards are in Compliance with the Standards Adopted.**

The DVOMB and its Application Review Committee (ARC) developed a two-part process to verify provider qualifications. The first part consisted of the “2001 Required Provider Documentation” which included verification of the items listed below.

1. 32 hours of new training, specific to domestic violence, as identified in the *Standards 2001*.
2. 82 experiential hours providing domestic violence offender treatment.
3. 50 experiential hours providing substance abuse treatment.
4. Verification that supervision has been and is being provided per the *Standards 2001*.
5. Verification of a bachelors degree in human services (equivalency allowed under certain circumstances).
6. Mental health licensure or listing with the Department of Regulatory Agencies.
7. Statement of compliance with the *Standards 2001*.

This required documentation packet was published and distributed to all providers in May 2001 with a deadline of December 31, 2001. In January 2002, 63 providers were removed from the Approved Provider List (List) because they never submitted any required documentation by the deadline. There were 255 providers who submitted documentation. Twenty-five of these 255 providers submitted incomplete documentation and subsequently did not respond to requests for further documentation and were removed from the List.

The second part of the process requires that each provider sign an affidavit confirming that he/she had met all qualifications outlined in the *Standards 2001*. The DVOMB determined that the signed affidavit would be a requirement of the reapplication.

The revised State Approved Provider List (List) was developed by the DVOMB and published January 1, 2002. It was distributed to the statewide mailing list and was also placed on the Division of Criminal Justice website.

## 5. Adopt and Implement a Standardized Procedure for the Treatment Evaluation of Domestic Violence Offenders

The DVOMB adopted the standards drafted by the State Commission in November 2000. During 2001, the DVOMB spent ten months revising these standards by examining the existing evaluation standards. The result of this revision process was enhanced treatment evaluation components. The treatment evaluation and its required elements are located in Section 7.2.1 and 7.2.2 of the *Standards 2002*. This evaluation is designed to gather baseline, current, and historical information on the offender in several key areas: offense information, criminal history, mental health, physical health, family history, intimate relationship history, abusive behavior history, substance abuse, and employment. *Standards 2002* Section 7.2.1(c)(8) identifies a significant new component of the offender evaluation that is the “assessment of risk of re-offending”. This requirement is considered critical information for offender containment and victim safety and must be reflected in the offender treatment plan and contract.

The DVOMB developed the treatment evaluation, as required by statute, to include as a priority, the physical and psychological safety of victims and potential victims. The *Standards 2002* state that the evaluations shall not be completed based solely on offender interview information and should include, when available, a victim interview or review of the victim impact statement [*Standards 2002* Section 7.2.1 (a)]. Additionally, victim safety is evidenced in *Standards 2002* Section 7.2.1 (b) that states:

*“When the provider completes an evaluation, he/she shall provide a written report of the recommended intervention and supervision to the court or responsible criminal justice agency. The report will in no way reveal specifics from the victim interview that may endanger the victim, without the victim’s permission. The report shall include a summary of information sources used, a summary of the evaluation components and the basis for the recommendation.”*

Furthermore, the purpose of the treatment evaluation is to assist the provider in developing a treatment plan specific to the offender (*Standards 2002* Section 7.3). The standardized procedure for the treatment evaluation was implemented through the statewide distribution of the *Standards 2002*.

## **6. Adopt and Implement Guidelines and Standards for a System of Programs for the Treatment of Domestic Violence Offenders**

*Standards for Treatment With Court Ordered Domestic Violence Offenders* were created pursuant to Section 16-11.8-103(4)(b)(II). The *Standards 2001* created by the State Commission (Commission) were adopted and used for transition purposes. The Domestic Violence Offender Management Board (DVOMB) discussed the challenges identified by the Commission and determined which of the challenges fell within the purview of the DVOMB. These challenges were separated into topics that included assessment, sentencing and sanctions, probation, treatment, approval process, court system, law enforcement, and prosecution. Within each topic, a priority level of highest, medium-high, medium, and low priority items was identified.

Phase One of the *Standards 2001* revision included the review of each section of these standards by the DVOMB to determine level of change; specifically revision, deletion, or addition. Next, the DVOMB directed committees to further review the *Standards 2001*, draft language, and ultimately make recommendations to the full DVOMB for final decision-making. The committees formed included Standards Revision Assessment/Evaluation Committee, Standards Revision/Provider Qualifications/Approval Process Committee, and the Standards Revision Treatment/Program Committee. DVOMB members and the public comprised these three committees that met frequently in July and August 2001. The product resulting from the meetings was a draft report submitted to the DVOMB in September 2001 delineating the specific recommended changes for each section of the *Standards 2001* including provider qualifications, program procedures, program components, coordinated community response, and an approval process for treatment providers.

Subsequently on October 26, 2001, a public hearing in the form of a statewide videoconference was convened in Denver at the Lowry Redevelopment Site conference center with satellite sites located in Pueblo, Grand Junction, Greeley, and Durango. The purpose of the public hearing was to elicit comments from the Colorado community on the draft report of *Standards 2002*. The format of the videoconference was a public forum whereby participants responded to the proposed standards on a section-by-section basis. Over 100 persons representing the DVOMB, domestic violence treatment

providers, probation, victim services, law enforcement, human services, and the Colorado Department of Corrections were present at the sites.

Comments from all sites were compiled and a document was created from suggestions offered. At the November DVOMB meeting, all public comments were reviewed and discussed thoroughly. Subsequent changes were made as a result of these discussions. Final changes to the standards were formally adopted by the DVOMB in December 2001 at the monthly meeting. The new, revised *Standards 2002* were published, distributed, and went into effect in January 2002.

## **7. Develop an Application and Review Process for Treatment Providers and Evaluators Who Provide Services to Domestic Violence Offenders.**

The DVOMB established the Application Review Committee (ARC) to develop and implement the application review procedure and process. The ARC developed the application and review process, which was presented to the full DVOMB for approval in January 2001. The ARC has, and continues to, meet monthly to review new applications. During this process, the ARC thoroughly reviews all the elements of the application to determine whether the requirements are fulfilled. Applicants are subsequently notified of any incorrect or missing documentation and given an opportunity to fulfill the requirements.

In addition to the application and review procedure for new applicants, the DVOMB has designed a reapplication process for approved providers. The reapplication process is scheduled to begin in March 2003, however resources may limit full implementation.

The development of the new application was initially formed by replicating the provider qualifications from the *Standards 2001* and by linking them to required elements in the application. The ARC established the following major components for the new application:

1. 206 required training hours (85 specific to domestic violence)
2. Verification of mental health counseling credentials
3. Verification of education
4. Letters of community support
5. Letters of reference
6. Verification of general experiential counseling hours and specific hours in domestic violence offender management
7. State and national criminal history check through CBI and FBI fingerprint card and processing
8. Employment history
9. Verification of clinical supervision

10. Samples of clinical documentation that include, but are not limited to, treatment evaluations, plans, and offender contracts developed by the provider
11. Copies of the provider's treatment program curriculum
12. Copies of the provider's program policies and procedures
13. Provider philosophy statement on domestic violence offender treatment

As required by statute, the application and review process consists of the following three elements that are also included in the *Standards 2002*: (a) criminal justice component (b) verification of credentials of treatment providers, and (c) annual joint publication of the approved list of treatment providers with Department of Regulatory Agencies (DORA). To fulfill the criminal justice component required by statute, DCJ staff provides a fingerprint card accompanying all new applications, as well as with reapplications. Once the completed fingerprint card is received by the Division of Criminal Justice (DCJ), staff forwards it to the Colorado Bureau of Investigations (CBI). CBI initiates a state criminal background check and forwards the card to the Federal Bureau of Investigations (FBI) for the national criminal background check. Furthermore, CBI flags the record of each provider's fingerprint card for future identification if there is an arrest that requires fingerprinting. In the event of future arrests, CBI would notify DCJ. Because the DVOMB and DCJ have no spending authority, the \$36 fee levied by CBI is the responsibility of the applicant.

During the ARC monthly meeting, the results from the state and national criminal background checks are reviewed. If the applicant has a criminal history, he/she is notified that it is necessary to submit copies of court documents and a personal statement outlining the outcome from the identified arrests. The ARC then determines on a case-by-case basis whether the criminal history will impact the provider's ability to provide treatment. Applicants could potentially be denied placement on the Approved Provider List, depending on their criminal history and resulting response information.

At the direction of the Application Review Committee, the DCJ staff developed a procedure for verifying credentials with the Department of Regulatory Agencies, Division of Registrations, Mental Health Boards. A verification form, along with a complete copy of the provider's application is submitted to DORA. In response, DORA provides information regarding the applicant's licensure, certification, or registration status and any disciplinary history. The ARC reviews the information submitted from DORA at their monthly meetings.

In 2001, the Domestic Violence Offender Management Board in cooperation with the Department of Regulatory Agencies jointly developed and published the first Approved Provider List (List). Ongoing revision of this List includes notifying DORA of any revisions, deletions, or additions. As revisions are made, the List is forwarded to the State Judicial Department, the Colorado Department of Human Services, and the Colorado Department of Corrections. The List is also available on the DCJ website. At least annually, the List is distributed in paper bound form to the general mailing list of over 800 stakeholders.

## **8. Research and Analyze the Effectiveness of the Treatment Evaluation and Treatment Procedures and Programs**

Determining the definition and measurement of successful outcome for domestic violence offender programs is challenging. For example, if the measurement of successful outcome is the completion of treatment, this does not assure that offenders have ceased abusive behavior. If the measure is whether or not the offender is arrested during or after the completion of treatment, this does not measure those offenders who continue to be abusive but are not arrested. It is important to note that many victims experience negative consequences as a result of their initial involvement with the criminal justice system and report they would not telephone the police in future abusive incidents.

Although recidivism as indexed by official criminal records allows for the most concrete measurement, there is no current statewide tracking system that monitors every arrest or filing of charges for domestic violence incidences. Therefore, if the measure of success were subsequent arrests or charges, tracking these would be difficult. If victim input is used to measure the effectiveness of treatment, this also poses a challenge because many victims are concerned about their safety, specifically offender retaliation, when providing information on offender behaviors and progress. Therefore, this could not be used as a reliable measurement of whether or not the offender continues to be abusive.

Which brings us to another challenge and that is defining effectiveness of treatment. Does this mean all abusive behaviors ceases or only the physical abuse? Or does it mean the offender was contained and managed during treatment and no abuse occurred during treatment? This presents challenges in trying to determine whether there was continuing abuse such as physical, psychological, financial, sexual, and/or emotional abuse during treatment and how would that be measured?

In response to these challenges, the Domestic Violence Offender Management Board (DVOMB) established the Research Committee (Committee) in 2001. This Committee is comprised of members representing approved treatment providers, community corrections, district attorneys, judicial officers, victim services, Division of Probation

Services, Department of Human Services, the DVOMB, and the Sex Offender Management Board.

Since 2001, the Committee has, and continues to convene once a month to thoroughly review all the challenging aspects to this project and has developed a research design. In response to the challenges identified previously regarding defining effectiveness of treatment, the Committee has developed a data collection form (see Appendix D). This form will allow for the initial collection of aggregate data of offender profiles. This profile will include: offender case information, legal history and past offense information, treatment information and victim advocacy information. The Committee is optimistic that this data will reveal trends that can be linked to factors contributing to successful treatment outcomes. The Committee will continue to determine, implement, and refine outcome measures and procedures. The Committee will research and analyze the most effective measures to use when determining the success of the treatment evaluation and treatment procedures and programs. The data and the results from any research will be utilized by the DVOMB to augment the standards to enhance victim and community safety.

The components of the overall DVOMB research design address the development of systems for implementing the standards, for tracking offenders who have been evaluated and treated, and for monitoring offender behavior. These three aspects of the research design are further delineated below.

### **Develop and Prescribe a System for Implementation of the Guidelines and Standards**

The Domestic Violence Offender Management Board (DVOMB) began its implementation of the standards in 2001 by distributing the *Standards 2001* and the *Approved Provider List 2001* to the statewide mailing list of over 800 stakeholders.

The DVOMB continues to meet monthly since its initial meeting in October 2000. These monthly board meetings are publicized statewide through the Division of Criminal Justice website, and by paper and electronic mailings. The DVOMB monthly meetings are open to the public. Community participation is encouraged, welcomed, and considered critical in the on-going work of the DVOMB.

In 2002, a statewide training program was developed and implemented to provide technical assistance and information about the *Standards 2002*. Twelve statewide

trainings were provided in 2002 with over 300 persons in attendance. There were a variety of participants at the trainings including approved domestic violence treatment providers, victim advocates, probation officers, district attorneys, and judicial officers.

An overview from these trainings identified several key challenging issues. These are as follows:

- Widespread misinterpretation and misuse of the pre- and post-sentence evaluations. The following examples illustrate the misuse of these evaluations: inappropriate treatment provider recommendations for treatment interventions such as anger management, stress management, couples counseling, and in some cases no counseling. Examples of the misuse of evaluations by district attorneys and treatment providers include using them for determining offender guilt or innocence or whether charges should be filed.
- Lack of victim advocacy statewide in treatment programs.  
In most cases the lack of victim advocacy was due to providers' misunderstanding of the victim advocacy requirement in the standards.
- Court orders that conflict with the *Standards 2002*  
Some instances of conflicts between court orders and the standards include orders for 12 weeks of domestic violence offender treatment instead of the required 36 weeks and orders for marriage or couples counseling which is contraindicated by the standards.
- Court orders that conflict with the statute on sentencing for domestic violence.  
Some instances of conflicts between court orders and the statute include accepting inappropriate pleas by judicial officers or offering inappropriate pleas by district attorneys that do not contain the domestic violence designation.
- The use of "pre-plea" evaluations by district attorneys.  
In some instances, evaluations as identified in *Standards 2002 Sections 7.2.1* and *7.2.2* are used inappropriately as "pre-plea" evaluations by district attorneys to assist in determining whether charges should be filed. Additionally, in some cases involving a "pre-plea" evaluation, the treatment provider makes an inappropriate recommendation such as no domestic violence treatment.

o Need for improved communication between the DVOMB and local communities

Many rural communities feel disconnected from the DVOMB and have expressed a desire for increased avenues of communication. Additionally, some rural communities have faced challenges regarding lack of local accountability which affects implementation of the standards.

To address the challenges identified during the statewide trainings and those presented at DVOMB meetings, the DVOMB created an action plan to enhance the implementation of the *Standards 2002*. The action plan is as follows:

1. Increase statewide communication between the DVOMB and providers, probation, and other interested parties by exploring the use of electronic mail, DVOMB updates and newsletters, list serves, network of approved domestic violence supervisors, and the creation of a Frequently Asked Questions (FAQ) link on the DVOMB website.
2. Provide technical assistance by the creation of an electronic mail address for the DVOMB that will allow for the submittal of questions and issues. Offer direct personal assistance whenever possible to interested stakeholders. Provide additional trainings for judicial officers, district attorneys, and other professionals involved in the standards implementation process.
3. In future revisions of the *Standards*, reference information that guided the DVOMB's development of the *Standards* such as focus groups and research reviewed. The bibliography created would be referenced on the DVOMB website.
4. Convene an annual meeting to create a forum to express concerns/issues and that offers continuing education. DVOMB members would be available to respond to questions and challenges.
5. Solicit local issues from communities by convening DVOMB community meetings twice a year in other areas of the state. The purposes of these meetings

would be to facilitate relationships and problem solving at the local level. A limiting factor may be the travel expenses involved in such an undertaking.

6. Create and disseminate DVOMB position papers on key issues that will educate and clarify critical issues in the *Standards 2002*. Currently, two papers have been drafted that address the need for sexual orientation specific groups and the intent and purpose of pre- and post-sentence evaluations.
7. Participation with existing professional groups to further educate and assist in the implementation of the *Standards*.

Additionally, the DVOMB created a standing board meeting agenda item in 2002 to concentrate on standards implementation issues. Communities may request that an issue be addressed at the board meeting. Examples of issues that have been addressed are self-defending victims receiving court orders for domestic violence offender treatment, lack of victim advocacy as required per the *Standards 2002*, and difficulties with local accountability in various communities across the state. During discussions of these issues, the DVOMB determines its appropriate role, its purview of the issue, and an action plan.

The Committee is currently developing criteria to determine whether the standards have been implemented and to what degree.

### **Develop and Prescribe a System for Tracking Offenders Who Have Been Evaluated and Treated**

Currently, there is no single tracking system that monitors all domestic violence arrests and charges throughout the state. However, the Colorado Integrated Criminal Justice Information System (CICJIS) was created as an integrated computer information system to link five state-level criminal justice agencies. Ideally, this system would track offenders through the criminal justice system from arrest and prosecution to adjudication and incarceration. The creation of the CICJIS system is still in its developmental stages. Even when CICJIS offers the sharing of information across systems, there will still be significant limitations for tracking domestic violence offenders. The reason for this is that the five agencies have not created, nor utilized consistent domestic violence identifiers. Most of these agencies are only tracking felony cases and most domestic

violence offenses are filed as misdemeanors. A further limitation for developing a statewide system for tracking domestic violence offenders is the limited participation of the City and County of Denver. The DVOMB does not have the resources to develop a computerized system of tracking.

In response to these limitations, the Research Committee (Committee) developed a data collection form (see Appendix D) that will be utilized for the tracking of all domestic violence offenders through the treatment process. Eventually all approved providers will be required to complete and submit the data collection form quarterly to DCJ following the discharge of each offender. One of the purposes of the form is to gather aggregate data that can be utilized to determine the following:

- Demographic profile of the offender
- Time period from when offenders are sentenced to treatment to when they begin treatment.
- Percentage of offenders that complete treatment
- Factors that contribute to the completion or non-completion of treatment.
- Offense history

Additionally, the analysis of this data will be reviewed taking into account the following questions:

- Are there factors that contribute to a successful, administrative, or unsuccessful discharge? If so, what are the factors?
- What percentage of offenders are completing treatment and not completing treatment?
- What percentage of offender's victims are receiving victim advocacy?
- What percentage of offenders have received previous treatment for domestic violence offenses?

Another purpose of the data collection form is to identify and track a random sample of offenders in conjunction with the Colorado Judicial Department's Integrated Colorado Online Network (ICON) database (part of CICJIS) that maintains data on all felony and some misdemeanor cases. Because the DVOMB believes that the containment of domestic violence offenders is predicated on a coordinated community response inclusive of the criminal justice system, treatment providers, victim services, and the local community; treatment should not be the only factor reviewed. Therefore, resources permitting, an in-depth review of each identified offender's probation records, treatment

files, and information from interviews with victim advocates will be performed. Ideally, this will provide information on what the contributing or prohibiting factors are in regard to offender outcomes and the effectiveness of treatment.

**Develop a System for Monitoring Offender Behaviors and Offender Adherence to Prescribed Behavior Changes.**

The system for monitoring offender behaviors and adherence to prescribed behavior changes has been addressed throughout the *Standards 2002* Sections 6.0 Program Procedures, 7.0 Program Components, and 8.00 Coordinated Response. The *Standards 2002* require a community containment model that provides for the monitoring of offender behavior through required communication and consultation between the provider and the victim advocate, and the criminal justice agent, i.e. probation.

The following delineates the required consultations per the *Standards 2002* between the responsible criminal justice agency (often probation) and approved treatment providers. In some instances, the provider cannot make changes to treatment without the consultation or approval of the supervising criminal justice agency.

- 6.2.5 Decision to provide individual treatment – Under special circumstances determined by the provider in consultation with the responsible criminal justice agency, individual treatment may be provided.
- 6.4.1 Intensity of treatment – There are nine components that must be reviewed to determine whether an offender may be identified as “higher risk.” If an offender is identified as higher risk, additional treatment recommendations are enumerated.
- 7.2.1 Pre-sentence treatment evaluation – The purpose of this evaluation is to assess appropriateness for treatment, treatment amenability, and to determine the most effective treatment strategy considering the ten components listed.
- 7.2.2 Post-sentence intake evaluation – It is required that all offenders participate in a post-sentence evaluation performed by an approved treatment provider. The purpose of this evaluation is to assess initial appropriateness for treatment, treatment amenability, and to determine the best intervention strategy.
- 7.2.3 Ongoing assessment to include risk assessment – Providers are required to conduct on-going assessments of the offender’s compliance with and progress in treatment.
- 7.4.3 Violations of offender contract – The violation of any terms of the offender contract has consequences that are listed in this section.

- 8.2.1 Initial contact – The process of initial contact and the time frame outlined is discussed.
- 8.2.3 Transferring programs – Discusses the requirements and case coordination necessary for an offender’s transfer to a different program.
- 8.2.4 Absences – Requirements for reporting absences and consequences for such actions are described in this section.
- 8.2.5 Monthly summary reports – Outlines the information required for the monthly summary reports submitted to the criminal justice agency.
- 8.2.6 Length of treatment – To reduce the length of treatment from the required 36 weeks to 24 weeks, approval from the criminal justice agency is necessary.
- 8.2.7 Violations of the terms of the offender contract – The consequences of violations of the offender contract are outlined.
- 8.2.8 Consultation regarding treatment discharge – Delineates factors to consider prior to discharging the offender.

The following summarizes the required communication between approved treatment providers and offenders:

- 7.4 Offender contract – Discusses the responsibilities and expectations of offenders and approved treatment providers
- 7.4.2 Responsibilities of the provider – Outlines the disclosures that must be revealed by the approved treatment provider.
- 7.4.3 Violations of the offender contract – Describes the consequences of violations of the offender contract and procedures that must be followed.
- 7.6 Treatment discharge – Defines successful, administrative, and unsuccessful discharges in addition to discussing the documentation required.

The following summarizes the required communication and consultation between approved treatment providers and the victim advocate: In some instances the provider cannot make changes to treatment or utilize a form of treatment without incorporating the victim advocate.

- 6.2.6 Couples meetings – All couples meetings must be structured and co-facilitated by the provider and victim advocate.

- 6.2.7 Couple's therapy – Identifies the contra- and pro-indicators that would determine whether couples meetings might be utilized. Additionally, these sessions must be co-facilitated by the victim advocate.
- 6.3.1 Length of treatment – Outlines the criteria necessary for reducing the length of treatment to 24 weeks.
- 7.6 Treatment discharge - Defines successful, administrative, and unsuccessful discharges in addition to discussing the documentation required.
- 7.7 Victim advocacy referral and responsibilities – Describes the purpose of the victim advocacy component.
- 8.2.4 Absences – Requirements for reporting absences and consequences for such actions are described in this section.
- 8.2.8 Consultation regarding treatment discharge – Explains the measures necessary to implement prior to discharging the offender.

These monitoring components of offender behaviors are designed to strengthen the community containment model. Additionally, the offender's treatment plan is utilized to monitor offender adherence to prescribed behavior changes. The treatment provider submits monthly reports on the offender's progress in treatment to the criminal justice agency and victim advocate. Any offender non-compliance with the treatment plan prompts the development of an action plan to strengthen containment and compliance. The offender discharge status is based on offender adherence to prescribed behavior changes in the treatment plan.

**9. Refer Any Complaints or Grievances to the Department of Regulatory Agencies to be Reviewed by the Appropriate Board**

Pursuant to the creation of the Domestic Violence Offender Management Board (DVSOMB) found in Section 16-11.8-103(4)(c), C.R.S., the Colorado Department of Regulatory Agencies (DORA) through its programs regulating the licensing and discipline of unlicensed psychotherapists; professional counselors; social workers, psychologists; marriage and family therapists; and addictions counselors instituted a complaint and grievance process for approved domestic violence treatment providers. All approved domestic violence treatment providers (herein after referred to as providers) are required to be licensed or listed as an unlicensed psychotherapist with DORA. Since the DORA mental health licensing boards had licensing and grievance processes in place prior to the creation of the DVOMB, the General Assembly expanded these processes to include providers.

DORA in conjunction with the DVOMB developed procedures to coordinate the grievance process against providers and to verify providers as licensed or unlicensed psychotherapists. DORA included providers on its Automated Record Management System and revised the grievance process to included input from DVOMB staff. A verification and complaint recommendation form was prepared to share information between DORA and the DVOMB. Upon receipt of a complaint against a provider, DORA faxes the complaint and verification information to DVOMB staff at the same time that a 20-day notice letter is mailed to the provider.

In accordance with the rules adopted by each of the six mental health programs, the provider has 20 days to respond in writing to the complaint. In some cases, the complainant may review the provider's response and submit additional information for review by the mental health Board or Director. (Addictions counselors are regulated by the Director of the Division of Registrations and a three member Advisory Committee comprised of senior level addictions counselors). When a response is received, a copy is faxed to DVOMB staff for comment. DVOMB staff consults with DORA staff throughout the complaint process and specifically with regard to any concerns involving the DVOMB *Standards*. This information is submitted to the appropriate Board with the complaint and response information for review. The Board, comprised of four public

members and three professional mental health practitioners, reviews the information and issues a decision. Once the board has made a decision, DVOMB staff is notified in writing.

The boards may dismiss the complaint because they have no jurisdiction or there is no violation of the statute; table the complaint while awaiting additional information; refer the complaint to the Office of Complaints & Investigations for a formal in-depth review; or refer the complaint directly to the Assistant Attorney General who acts as the board's lawyer, for the filing of formal charges and a hearing. At any point in the process, a complaint may be dismissed if there is insufficient proof that a violation has occurred. If the case goes forward, the board may seek an expert opinion from a consultant regarding the particular practice. Where a violation has occurred, the Assistant Attorney General prepares the case for filing, after which there may be a settlement where the provider admits the violation and agrees to corrective action or is placed on probation under specific terms and conditions. If a sustained complaint is serious and continued practice by the provider may endanger the public health or safety, a cease and desist action, suspension, or revocation of a license or ability to practice may be invoked.

Complaint statistical information gathered by DORA indicates the following number of cases and dispositions for providers by license type from July 1, 2000 thru December 1, 2002.

## COMPLAINT STATISTICS FOR DOMESTIC VIOLENCE TREATMENT PROVIDERS

(July 1, 2000 – December 1, 2002)

Type of Registration or License	Number of DV Treatment Providers	Number of Complaints	Alleged Violations	Disposition of Complaint
Certified Addictions Counselor	128	8	1. Violated generally accepted standards of practice, substandard practice, dual relationship, sexual contact with client. 2. Violated generally accepted standards of practice, substandard practice. 3. Case consideration (no violation cited in complaint) 4. Misuse of protected title, violated generally accepted standards of practice. 5. Violated generally accepted standards of practice, substandard practice, dual relationship 6. Used advertising that was misleading, violated generally accepted 7. Attempted violation of prohibited activity, substandard practice, dual relationship, failure to obtain consultation or referral, inadequate records 8. Violated general accepted standards of practice, dual relationship, and sexual contact with a client revocation**	1. Revocation 2. Dismissed 3. Dismissed 4. Dismissed with LOC* 5. Referred to Investigations 6. Dismissed 7. Pending 8. Revocation
Licensed Addictions Counselors	10	0	0	0
Licensed Marriage & Family Therapists	5	0	0	0
Unlicensed Psychotherapists	37	4	1. Violated generally accepted standards of practice, Section 7.7.2(f) of the <i>Standards 2002</i> . 2. Violated generally accepted standards of practice. 3. Violated generally accepted standards of practice. 4. Attempted violation of prohibited activity, violated general accepted standards of practice, did not list in database as required.	1. Dismissed 2. Referred to Investigations 3. Referred to Investigations 4. Referred to Investigations
Licensed Professional Counselors	70	4	1. Violated generally accepted standards of practice, substandard practice, dual relationship, sexual contact with client. 2. Violated generally accepted standards of practice. 3. Violated generally accepted standards of practice. 4. Violated general accepted standards of practice, dual relationship, and sexual contact with a client revocation**	1. Revocation 2. Dismissed 3. Dismissed with LOC 4. Revocation
Licensed Psychologists	12	2	1. Violated generally accepted standards of practice. 2. Violated generally accepted standards of practice.	1. Dismissed with LOC 2. Dismissed
Licensed Social Workers	38	1	1. Violated client confidentiality, violated generally accepted standards of practice.	1. Dismissed

\* Confidential Letter of Concern (LOC)    \*\* Same Provider

## CONCLUSION

The Domestic Violence Offender Management Board (DVOMB) has addressed all of the mandates outlined in the statute that created the DVOMB. The DVOMB and its programs are still in the initial stages of implementation. It is customary to expect an adjustment period of 18 to 36 months for the full implementation of any new criminal justice program.

The DVOMB continues to evaluate and improve the process for treating domestic violence offenders in Colorado. While there has been some resistance to a statewide entity regulating domestic violence treatment providers and creating standards, there has also been widespread support. There have been thousands of inquiries from providers, judicial officers, and probation officers requesting accurate information or technical support regarding the standards. Feedback has been very positive from these stakeholders regarding the standards and the technical assistance provided. There has been and continues to be participation from various professionals in the domestic violence arena at DVOMB monthly meetings and committee meetings. The statewide trainings on the *Standards 2002* were very well received, with a total attendance at 12 trainings of over 300 participants. Feedback from these trainings was highly positive with an emphasis on the technical support and the value of the trainings being provided in person in the respective communities.

The primary goals that motivated the creation of the state board were the need for state standards, statewide consistency of implementation of the standards as well as statewide uniformity and monitoring of provider qualifications. These goals are being realized. The DVOMB adopted the State Commission standards in 2000. They published and disseminated the revised standards in 2002. The 2002 statewide training on the standards provided technical assistance that has promoted greater implementation of the standards. As a result, many areas of the state that were not implementing the standards appropriately are now doing so. Increased consistency is evidenced by the implementation of provider qualifications. Consequently, providers who did not meet the qualifications have been removed from the Approval List. Additionally, providers who

have chosen not to comply with the standards or provider qualifications have voluntarily ceased providing treatment. The DVOMB responds consistently in monitoring provider qualifications and implementation of the standards.

The standards exist as best practice guidelines for domestic violence offender treatment, to ensure a focus on victim safety and to establish a minimum level of accountability for treatment providers. Developing a successful system for containment of domestic violence offenders requires close coordination among treatment providers, victim services, the local community, and the criminal justice system. The guiding philosophy of the standards is that most offenders are capable of change, and treatment is only one component of Colorado's containment of domestic violence offenders. The DVOMB continues to expand and enhance these practices and its coordination with other professionals who impact this system.